CARE IMPROVEMENT PLUS
Specialized Care for Medicare Beneficiaries

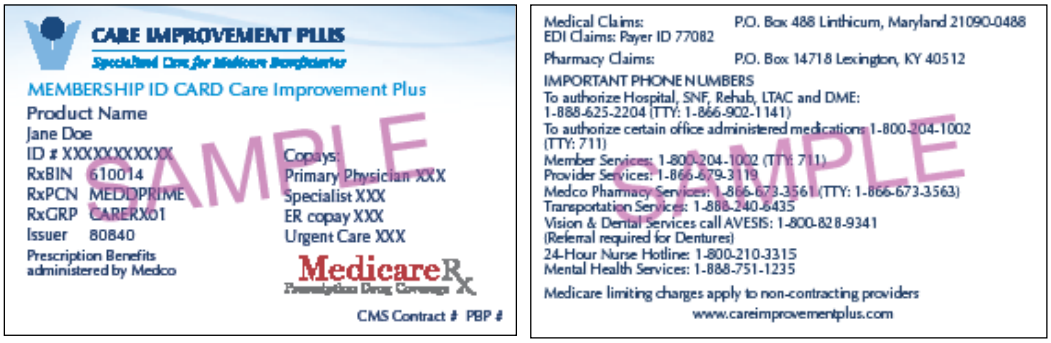
Care Improvement Plus Medicare Advantage Plans

Get more from a health plan that supports patients and providers!

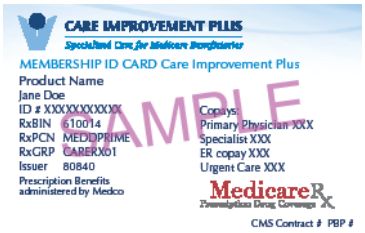
About Care Improvement Plus

- *Diabetex, as **XLHealth/CIP** was originally called, was established in 1998.*
- ***XLHealth/CIP** was awarded the Disease Management Association of America's Recognizing Excellence Award for "Best Disease Management Program: Medicare."*
- *National Committee for Quality Assurance (NCQA) Accreditation for Disease Management.*
- *Acquired by **United Healthcare** in February 2012. XLHealth CIP products and network remain distinct from United Healthcare.*
- *We contract with CMS as a Medicare Advantage Prescription Drug (MAPD) plan.*
- *We offer a unique Medicare Advantage Special Needs Plans for the highest risk chronic populations, Medicare beneficiaries with CHF, Diabetes, or CLD.*
- *We have cornerstone services that include our HouseCalls Program, Individual Care Management programs, PharmAssist Program, and Social Service Support.*

Sample Member ID Card



Sample Member ID Cards



Member ID Card –
Chronic Special Needs Plan

Member ID Card –
Medicare Advantage Plan

Member ID Card –
Dual Special Needs Plan

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HouseCalls Program

- The HouseCalls program provides an in-home clinical visit, at no out of pocket cost to members, by a healthcare practitioner (NP, MD or DO).
- A HouseCall visit includes; a physical examination, a review of systems, past medical history, and medications, possible diagnoses, administration of a flu vaccine (where necessary and available), member education, and may include other services such as lab draws, etc.
- The HouseCalls practitioners identify current and potential health issues and suggest topics for discussion. Our contracted practitioners have received specialized training in the specific health care needs of these members.
- After the visit, the HouseCalls practitioner gives the member a checklist of topics to discuss with their primary care physician and we mail a follow-up letter to the physician with a summary of the results of the HouseCall.

HouseCalls Program

Numbers below represent Care Improvement Plus data only

In 2010, over 82,000 House Call visits were performed.

In 2011, over 106,000 House Call visits were performed.

In 2012, that number rose to 112,000 visits performed.

In 2013, currently we have completed 108,000 visits.

More than 50% of HouseCall visits result in a referral for services.

HouseCalls in Action

SUCCESS STORY:

- A Care Improvement Plus member from South Carolina was struggling with limited resources in the upkeep of her home, her teeth, her vision, and her nutrition. After completing her first HouseCalls visit, the nurse referred the member to the Care Improvement Plus social work division, which was able to assist the member in accessing a number of important services, including a free pair of new eye glasses and home delivery meal service.

  In addition, the social work staff provided the member with information on local dental clinics, emergency financial assistance, resources to help maintain her house and a local food pantry.

Interdisciplinary Care Team (ICT)

- Each member has an interdisciplinary care team actively engaged in the treatment of the member's condition and includes at a minimum, a primary care provider, a mental health services specialist and a social services specialist. Other team members can be added as needed.

The Role and Activities of the ICT

- Conduct an initial assessment of the member's health care needs.
- Submit findings and recommendations to the nurse care manager and the member's personal physician.
- Develop Plan of Care and goals with the member if the personal physician and member agree that the services offered are of value.
- Meet on a recommended schedule according to the member's health care risk and needs.
- Invite members and caregivers to participate and encourage feedback to the ICT at any time.

Care Coordination

Care Coordination and the Individualized Plan of Care

- Each member has an interdisciplinary care team actively engaged in the treatment of the member's condition and includes at a minimum, a primary care provider, a mental health services specialist and a social services specialist. Other team members can be added as needed. The ICT develops a plan of care and goals with the member.
- The Plan of Care is based on the results of the member's health risk assessment and revised when there is a change in the member health status. It can be reviewed and revised at any time by ICT members, preferably with input from the member.
- The nurse care manager reviews the Plan of Care with the member or caregiver following each encounter and when significant enhancements or updates are recommended by the primary physician(s) and appropriate members of the Interdisciplinary Care Team.
- Each member's individualized Plan of Care includes:
  - Prioritized problem list
  - Suggested interventions
  - Short and long term goals
  - Coaching text
  - Educational "library" containing self monitoring "skill sheets" and health topics related to the Plan of Care
  - Automatic triggering and tracking of scheduled activities including follow up calls
  - Updated at least monthly by the Nurse Care Manager, Behavioral Health Specialist and Social Worker following each encounter with the member or interaction with the ICT
  - The Plan of Care is fully customized to the member's needs and preferences

Care Coordination at Work

SUCCESS STORY:

- A Care Improvement Plus member from Wynne, Ark. diagnosed with diabetes told her nurse care manager on their monthly coaching call that she was struggling to control her blood sugar levels.

  Her PCP had recommended that she see an endocrinologist, but she was having trouble getting an appointment with one in her local area. The nurse care manager was able to locate an endocrinologist that would see her, and coordinated through the member's transportation benefit to have the member brought to her appointment.

PharmAssist

- PharmAssist is a free program for members, staffed by experienced clinical pharmacists. A phone appointment is scheduled for the pharmacist to review medication profiles, drug interaction issues and medication duplication, as well as provide consultation on gaps in therapy, medication education, adherence tips and assistance with over the counter medications. As a result of the member consultation the pharmacist may send a fax to the provider containing a reconciled list of medication and therapeutic recommendations.

PharmAssist

SUCCESS STORY:

- During a recent PharmAssist counseling session, it was uncovered that a Care Improvement Plus member from Texas, was unknowingly taking two overlapping medications to treat his high blood pressure – a costly and potentially dangerous duplication.

  The Care Improvement Plus pharmacist contacted the member's primary care provider to discuss her concerns, and was able to have his prescriptions adjusted. The pharmacist then called the member back to review the changes the primary care doctor had made to his medication schedule.

Outreach-Member Advocate and SSC

Resources that work to educate members and Caregivers.

- Conduct various outbound calls to members and providers to obtain information needed to process and maintain member eligibility.
- Conduct outbound calls to new members to review benefits in detail.

- Work in close collaboration with the SSC in evaluating member needs and facilitates appropriate referrals.
- Assists members:
  - in the coordination of benefits, particularly those between Medicare, Medicaid and other federal and state subsidy programs
  - with personal and environmental issues presenting barriers to full participation with medical treatment plans and disease management interventions
  - Meals, Transportation

SSC Making a Difference

SUCCESS STORY:

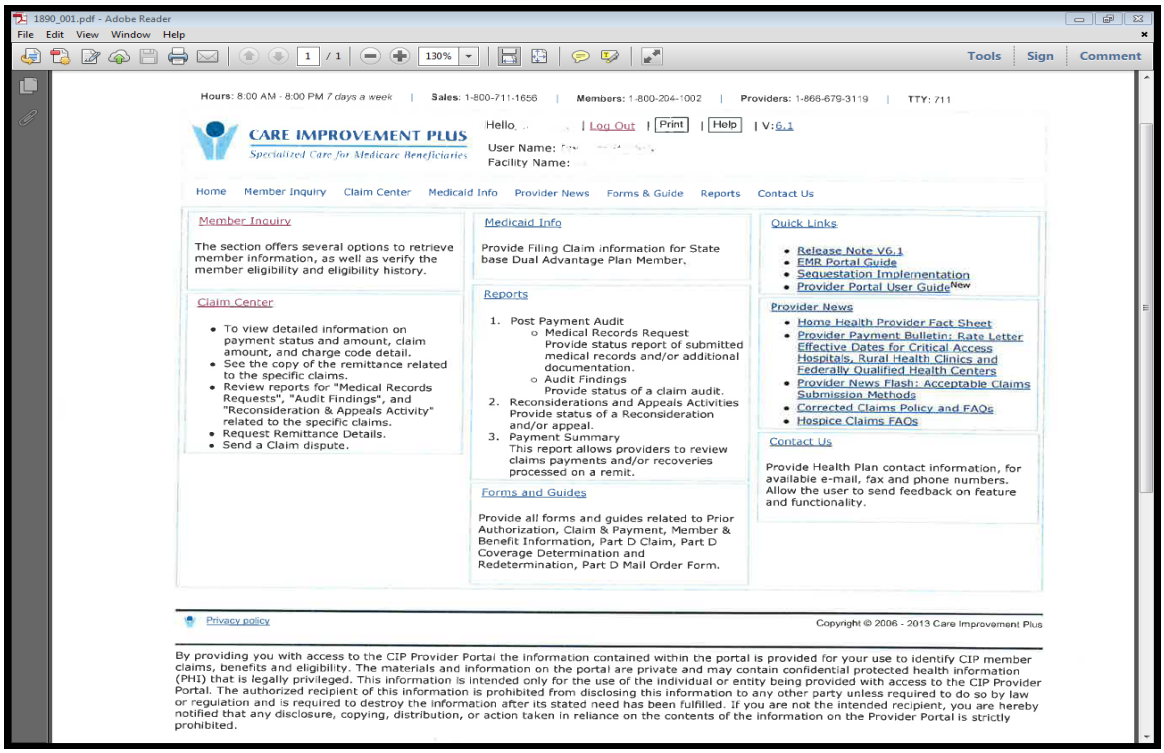
- A member couple living in Kansas City, Missouri joined Care Improvement Plus' Gold Rx plan because of their diabetes. Unfortunately, they couple was struggling to afford their medications – between the two of them; they took more than 22 prescriptions regularly.

  Social Service Coordinators contacted the couple, and was able to help them qualify for a Missouri state prescription assistance program, which provided them with a check for $1500 to help with the cost of their medications each year.

Provider Portal- CareImprovementPlus.com

- Member Eligibility & History
- Claims Information Details
- Dispute Claims Options
- Training Tutorials
- Print/Request Copies of Remittance
- Current Year Health Plan Benefit Summaries, including Copayment & Coinsurance Information
- Electronic Medical Records submission
- Pre-Authorization Requirements & Form
- Appeals status information
- Various reporting options
  - Post Payment Audit Report
  - Payment Summary Report
  - Reconsideration Reports
- Call 1-800-690-1916 for registration

CareImprovmentPlus.com – Portal Home Page



Authorizations and Notifications

- Preauthorization is required for, SNF, Home Health, Acute Rehab, LTAC, DME and non-urgent hospital admissions. Notification is required for emergency inpatient hospital admissions (medical/surgical).

Phone: 1-888-625-2204
Fax: HOME HEALTH = 866-219-2923
Fax: SNF/LTAC/IRF = 866-304-2382
Fax: INPATIENT HOSPITAL/Blepharoplasty/Bariatric/LVAD/Electives = 800-211-6490
Fax: DME = 866-224-1151

- **Expedited Fax line**: Please utilize this fax line only if the physician ordering the service indicates that applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function. Expedited requests determinations are rendered in 72 hours. CIP determinations for LTAC, SNF and IRF requests are processed within 2 business days of submission of complete information.
- **Fax: EXPEDITED = 888-579-9899**
- **Transplants** **Phone 1-866-460-8699 option 4, Fax: 443-853-2771**
- **Behavioral Health Services** **Phone 1-888-751-1235**

Claim Submission

- **Claims**
  - Clean claims paid in 30 days or less
  - Electronic claims processing capability via Availity, Emdeon and Xerox EDI with Plan ID *77082*
  - File CMS 1500 or UB04 or appropriate Medicare billing form
    Care Improvement Plus
    Attn: Claims Department
    P.O. Box 488
    Linthicum, MD 21090-0488
- **Critical Access Hospitals, Rural Health Clinics, Federally Qualified Health Centers and Indian Health Services centers,** should fax a copy of your current **CMS Approved Medicare Rate Letter** to **443-459-9734** or mail a copy to:
  Care Improvement Plus
  Attention: Provider Data Management
  4350 Lockhill-Selma Rd, Suite 300
  San Antonio, TX 78249

Appeals – Contact Information

Part C Appeals should be mailed to the following address:

Care Improvement Plus
Attention: Appeals Department
6514 Meadowridge Rd., 1st Floor
Elkridge, MD 21075
Or Faxed to: 1-866-272-2942

Part D Appeals should be mailed to the following address:

Care Improvement Plus
Attention: Pharmacy Part D Appeals
351 W. Camden Street, Suite 100
Baltimore, MD 21201
Or Faxed to: 1-866-683-3272

Important Contact Information

- **Claim issues can be sent to: provider@careimprovementplus.com**

  OR

  Submit the issue through our provider portal by selecting the "Dispute/Request" button next to the claim.

- **Provider Services (claim and member eligibility questions): 1-866-679-3119**

- **Non claim issues can be sent to: providerrelations@careimprovementplus.com**

Precertification: 888-625-2204

Prospective Members: 1-800-711-1656 (TTY: 711)

Member Services: 1-800-204-1002 TTY: 711
Open 8am-8pm 7 days a week

Contacts

Carrie Rhone, Contracting and Provider Relations Representative
501-219-4900 office

Jessica Steadman, Contracting and Provider Relations Representative
501-219-4926 office

Keleisha Brown, Provider Relations Coordinator
501-219-4912 office

Andy Johnson, Regional Manager
Contracting and Provider Relations
501-219-4923 office
501-813-2799 cell

Regional Office Address:
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Financial Park Place
11219 Financial Centre Parkway, Suite 240
Little Rock, AR 72211
Website: www.careimprovementplus.com

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Questions?

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